MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARS 18 Registration District No. S1 2882 brimary Gegistration District No. Registrat's No. Registrat's No.								
AMENUEU								
VS 300	e			1	PLACE OF DEATH AUG 1 3 1962 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY admission)			
Rev. 4/59	2			_	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S+ Touris			
,	AMENDED	11			OU. DOULS. I IN VYS. II DE. INIIIS			
	հան				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm ADDPESS			
2 2	19 8				NSTITUTION Vets. Adm. Hospital Yes No D 2423 Prairie. Yes No No Z			
3	'뒫	11	-	-3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year			
					(Type or print) Charles H. Dixon OF DEATH 8 3 1962			
ر 2 4					Charles H. Dixon 8 3 1962 i. SEX 6. COLOR OR RACE 7. Married ☑ Never Married ☑ 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER TYEAR IF UNDER 24 HR			
5 .					Male Negro Widowed Divorced 8-28-18 43 vrs. Months Days Hours Min.			
				10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY			
6	<u>\$</u> <u>₹</u>				during most of working life, even if retired) FORTER ———— (Rollona, ark, USA			
. 7	Foltow			13	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE			
8 ,	요				Charlie Dixon Janie-Jones None			
	\				is, NAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address			
9/:4	ARE				ies ! <u>WW 2 Janle Dixon Oliver, Okolona, Ark.</u>			
10	₹		z		18. CAUSE OF DEATH (Enter only one cause per line f PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH			
	쥖닎		Įξ		IMMEDIATE CAUSE (a) Extensive Recent Hemothorax 3 days.			
11 333	O 1 - 1	1 1	DOCUMENT		·			
1283-0	HIS RECINSTEAD		ď		Conditions, if any, which gave rise to DUE TO (b) Post operative decortication 3 days.			
13					above cause (a), } stating the under-			
13			_		fying cause last. J DUE TO (c)			
	ō			<u>ŏ</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II (a) PART III. If deceased was female was disease condition given in PART I (a)			
<u> </u>	£			CATION	☐ Yes ☐ No ☐ Unknown			
_	AMENDMENTS			CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES 30 NO			
7				EDICAL	20c. TIME OF Hour Month, Day, Year			
	₹				INJURY a.m. p.m.			
BLACK INK OR RITER RIBBON				~	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while at work 50 farm, factory, street, office bidg., etc.)			
	9							
_ 3°	READ				21. XaitVisted the deceased from (=0=02 , to 8=3=02			
					Death occurred at 3:20 P.M m on the date stated above, and to the best of my knowledge, from the causes stated.			
USE	SHOULD		ြင်		220 SIGNATURE 22c. DATE SIGNED			
≟ ∣	상		=		BUNGA CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)			
		+	<u> </u> [8	23	BURIAC, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)			
	NO.		AFFIDAVIT		REMOVAL (Specify) Shipped 10 Aug. 1962 Malvern Arkansas Finepal Director Address 125, Date Recd. By Local Reg. 146, Reg. Transas			
ļ	E.		BY A	24	All 6 1962 Total Smith, 11.05-			
	=		~	l	E.B. Koonce 1221 N. Grand Blvd. 700 0 1302			

STATEMENT BY LICENSED EMBALMER

or by		orded on the reverse side of this certificate was embalmed by me,	
working under my personal superv	ision.	Signed Milyn Blinkhum	
StudentSignature of Studen	# Embalmer	Licensed Embalmer No. = 34/2 P. O. Address 1221 No. Minne Com	
· <u>·</u>	•	P. O. Address 1221 N. Linianic Con	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.